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Cla. ACCIDENT SUICIDE Country (Specify) 10. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 21f. HOW DID INJURY OCCUR? 22f. How DID INJURY OCCUR?	JTOPSY?
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(Ill Hanss M. O. Horning freed, No. 11-1	ATE SIGN
24c. NAME OF CEMETERY OR CHEMATORY 24d. LOCATION (City, town, or county) TION REMOVAL (Product) 11-17-50 Greenlawn Cemetery Springfield Midsouri	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 11/16/50 REG. REGISTRAR'S SIGNATURE ADDRESS 11/16/50 J. W. Klingner & Co. Springf (Licensed Embalmer's Statement on Reverse Side)	ield

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the re-	verse side of this certificate	was embalmed b	y me, or by
	Studer	nt Embalmer No.	
working under my personal supervision.) ~	7 /

Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN MANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.